

IMPORTANT: I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime, may be sent to prison, face other penalties, or both.

SIGNATURE OF BENEFICIARY OR REPRESENTATIVE PAYEE

SIGNATURE (First name, middle initial, last name)

DATE (Month, Day, Year)

TELEPHONE NUMBER
(include area code)

MAILING ADDRESS (Number and Street, Apt. No., P.O. Box, or Rural Route)

CITY, STATE AND COUNTRY

POSTAL CODE

Witnesses are required ONLY if this statement has been signed by mark (X). If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

SIGN HERE

SIGN HERE

ADDRESS (Number and street, City, State and Postal Code, Country)

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Privacy Act Statement Collection and Use of Personal Information

Sections 808 and 810 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on your claim, and could result in the loss of some payments.

We will use the information you provide to determine if you are entitled to continued Special Veteran's Benefits and the correct payment amount. We may also share your information for the following purposes, called routine uses:

- To representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting SSA in administering its representative payment responsibilities under title VIII and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
- To contractors and other Federal Agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830; and 60-0273, entitled Social Security Title VIII Special Veterans Benefits Claims Development and Management Information System, as published in the FR on March 14, 2000, at 65 FR 13803. Additional information, and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about **20** minutes to read the instructions, gather the facts, and answer the questions.

Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

REPORTING INSTRUCTIONS FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

You must report to the Social Security Administration if:

- You change your mailing address or residence.
- You return to or visit the United States for a calendar month or longer.
- You become unable to manage your benefits.
- You have been deported or removed from the United States.
- You have an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year.
- You are in violation of a condition of probation or parole.
- You receive an increase or decrease in a pension, annuity or another recurring payment. Some examples of payments are retirement, workers' compensation, veterans' benefits, or disability benefits.
- You move to another country.
- Your family, representative payee or other knowledgeable person must notify the Social Security Administration if you die.

HOW TO REPORT

If you are outside the United States and have questions or have changes to report, you may contact one of the offices shown below.

- If you live in the Philippines, please call the Social Security Administration at: **632-301-2000 Ext. 9** from 8 a.m. to 3 p.m., Monday through Friday. You may write or visit the Social Security Administration, 1201 Roxas Blvd., Ermita 0930 Manila. You also may e-mail the Social Security Administration in Manila, Philippines at: FBU.Manila@ssa.gov
- If you live in American Samoa, Canada, Guam, Puerto Rico, Samoa or the Virgin Islands, contact the nearest U.S. Social Security office.
- If you live in Mexico, contact the nearest U.S. Social Security office or the nearest U.S. Embassy or consulate.

If you live in any other country, contact the nearest U.S. Embassy or consulate. Visit www.socialsecurity.gov/foreign for a complete list of these offices.

If you are in the United States and have questions, you may visit our website at www.socialsecurity.gov or call us toll-free at **1-800-772-1213**. We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. We can provide information by automated phone service 24 hours a day.
